



NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY
Air Quality Division

INITIAL NOTIFICATION of COMPLIANCE STATUS FORM

Applicable Rule: 40 CFR Part 63, Subpart WWWW - National Emission Standards for Hazardous Air Pollutants (NESHAP) for Hospital Ethylene Oxide Sterilizers - Promulgated 12/28/07

Who is subject to this Rule?

This rule applies to human hospitals that are an area source of hazardous air pollutants (HAP) emissions (the entire facility has the potential to emit <10 tons per year (tpy) of a single HAP or <25 tpy of a combination of HAP), **AND** Own or operate an ethylene oxidation (EO) sterilization facility at the hospital. An EO sterilization facility is defined as: the group of ethylene oxide sterilization units at a hospital using ethylene oxide gas or an ethylene oxide/inert gas mixture for the purpose of sterilizing.

If you are subject to this rule fill out the information below:

Hospital Name: _____ Facility ID#: _____
Name of Hospital Owner/Operator: _____
Owner/Operator Address: _____
City: _____ State: _____ Zip: _____
Hospital Address (if different than owner/operator's mailing address):
Street: _____
City: _____ State: _____ Zip: _____
Hospital Phone Number: _____
Hospital Contact/Title: _____

This form must be completed, signed and submitted to the following agencies by June 25, 2009 for existing sources* or by June 23, 2008 or upon startup for new sources:**

NDEQ Air Quality Division	<u>and</u>	Region VII EPA	<u>and</u>	U.S. EPA
1200 'N' St. Atrium, Suite 400		11201 Renner Blvd		Sector Policies and Programs Division
Lincoln, NE 68509-8922		Kansas City, KS 66129		Coatings and Chemicals Group (E143-01)
				Attn: Hospital Sterilizers Project Leader
				Research Triangle Park, NC 27711

If your facility is located in Omaha or Lancaster County, you must submit a notification to the appropriate local air pollution control agency and Region VII EPA.

Keep a copy of this completed form for your records.

* An existing source was constructed or reconstructed prior to November 6, 2006.

** A new source commenced construction or reconstruction after November 6, 2006.

1. Is the hospital listed above subject to 40 CFR 63, subpart WWWW: ☐ Yes ☐ No

You are subject to 40 CFR 63, subpart WWWW if both of the following are true:

- You are an area source of hazardous air pollutants (HAP) emissions (the entire facility has the potential to emit <10 tons per year (tpy) of a single HAP or <25 tpy of a combination of HAP),

AND

- You own or operate an ethylene oxidation (EO) sterilization facility at your hospital. An EO sterilization facility is defined as: the group of ethylene oxide sterilization units at a hospital using ethylene oxide gas or an ethylene oxide/inert gas mixture for the purpose of sterilizing.

2. Are you a new or existing facility? ☐ Existing ☐ New

You are an **existing facility** if you commenced construction or reconstruction of the affected source before November 6, 2006.

You are a **new facility** if you commenced construction or reconstruction of the affected source on or after November 6, 2006.

3. The Initial Notification is due (check the box below which applies):

- ☐ On or before June 25, 2009 if you are an existing facility
- ☐ On or before June 23, 2008 if you are a new facility

4. Enter the date of construction or reconstruction of the ethylene oxide sterilization facility at your hospital: _____

- **Sterilization facility is defined as:** the group of ethylene oxide sterilization units at a hospital using ethylene oxide gas or an ethylene oxide/inert gas mixture for the purpose of sterilizing.

5. (a) List the number of ethylene oxide sterilizers: _____

5. (b) List the number of separate aeration units: _____

5. (c) For each sterilizer, please provide:

Sterilizer Number	Sterilizer Volume	Number of Sterilizer Cycles per Year	Is the Ethylene Oxide Sterilizer vented to an add-on Air Pollution Control Device (APCD)?	Type of add-on Air Pollution Control Device (if applicable)
1	ft ³		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	ft ³		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	ft ³		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	ft ³		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	ft ³		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	ft ³		<input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Compliance Demonstration (Check one):

☐ I certify that the source sterilizes full loads of medical items having a common aeration time, except under medically necessary circumstances.

☐ The sterilization unit(s) operates with add-on APCD(s) (for reducing EO emissions to the atmosphere) pursuant to a State or local regulation. ID State or local regulation:

_____. I certify that the sterilization unit operates in accordance with the State and local regulation and follows the add-on APCD manufacturer's recommended practices.

☐ The sterilization unit(s) operates with add-on Air Pollution Control Device(s) (APCD) (for reducing ethylene oxide emissions to the atmosphere) but are not subject to any State or local regulation for limiting ethylene oxide emissions. I certify that the sterilization unit(s) operates by venting ethylene oxide emissions from each unit to an add-on APCD and certify that the add-on APCD (for reducing ethylene oxide emissions to the atmosphere) operates during all sterilization processes and follows the add-on APCD manufacturer's recommended practices.

Compliance Dates

- Existing sources must be in compliance with this standard by December 29, 2008.
- New sources must be in compliance with this standard by December 28, 2007 or upon startup, whichever is later.

Print or type the name and title of the Responsible Official for the facility:

Name: _____

Title: _____

Telephone no.: _____

A Responsible Official can be:

- The president, vice president, secretary, or treasurer of the company that owns the hospital;
- An owner of the hospital;
- The plant engineer or supervisor of the hospital;
- A government official, if the hospital is owned by the Federal, State, City, or County government;
or
- A ranking military officer, if the hospital is located at a military base.

I CERTIFY THAT INFORMATION CONTAINED IN THIS REPORT TO BE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

(Signature of Responsible Official)

(Date)